FDA Media Teleconference on Marketing Unapproved Prescription Hydrocodene Products

FTS-HHS-FDA

Moderator: Rita Chappelle
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Coordinator: Welcome and thank you for standing by. At this time, all participates are in the listen-only mode. After the presentation, we will conduct a question and answer session. To ask a question, please press star 1.

Today's conference is being recorded. If you have any objections, you may disconnect at this time.

Now I will turn over the meeting to Ms. Rita Chappelle, press officer, FDA Office of Public Affairs. Ma'am you may begin.

Rita Chappelle: Thank you very much Kelly and thank you ladies and gentleman of the media. I'd like to welcome you today to the U.S. Food and Drug Administration's media telebriefing on our regulatory action against companies marketing unapproved prescription Hydrocodene products.

I'm Rita Chappelle from the FDA's Office of Public Affairs. Today, I'm joined in the room by our (unintelligible) on this topic, Deborah Autor, J.D., who is the director of the Office of Compliance for the Center for Drug Evaluation and Research.

We are also joined today in the room by Dr. Jason Woo, associate director medical and scientific affairs, CDER FDA and our technological expert here today.

We're also joined by attorney Michael Levy. He is the director of the Division of New Drug and Labeling Compliance for the Office of Compliance for CDER as well.

Now, we will – they're here today – I'm sorry. They're here today, we're all assembled to answer your questions on this enforcement initiative. This media telebriefing is for credentialed media only. We will only be accepting questions from credentialed media.

Following the opening statements, we will then take your questions. Because of the callers on the line, I'm asking that you ask one question and one follow-up questions. If we have time, we will start the queue again.

At this time, I would like to introduce Deborah, which is spelled D-E-B-O-R-A-H, middle initial M, last name Autor, A-U-T-O-R, the director of the Office of the Compliance. Deb?

Deborah M. Autor: Good morning. My name is Deborah Autor and, as Rita, said I am the director of the Office of Compliance (unintelligible) data center for drug evaluation and research. I'm joined by my colleagues, Michael Levy and Dr. Jason Woo.

Thank you all for joining us this morning.

Today, the FDA is announcing an action to stop illegal marketing of any unapproved drug product containing Hydrocodene (unintelligible). Hydrocodene is a narcotic that is commonly used either for pain relief and called an analgesic or to suppress cough, when it's referred to as a anti-(unintelligible).

FDA drug registration and (unintelligible) data indicate that there are hundreds of cough suppressants that contain Hydrocodene that are currently marked without FDA approval. These unapproved products are marketed by approximately 100 manufacturers and distributors.

Unapproved drugs may not be safe, effect, adequately labeled or properly manufactured.

This action is the next step in FDA's comprehensive initiative to help ensure that all drugs marketed in the U.S. have FDA approval. This is the sixth action we've announced since June 2006, when FDA stepped up its efforts against marketed unapproved drugs by issuing a new compliance policy guide, or CPG, which outlines our enforcement policies for efficiently and rationally bringing all such drugs in the approval process.

Hydrocodene is an addictive drug that can lead to serious illness, injury or death, if not used properly. Overdose or

abuse of Hydrocodene is known to psychotic behavior, cardiac arrest and respiratory depression.

We are especially concerned about the safety implications of unapproved Hydrocodene products. Even though Hydrocodene has not been established as safe or effect for children under the age two, there are unapproved Hydrocodene containing drug products on the market that claim they are suitable for children as young as two.

Also, there are unapproved products on the market that omit important safety warnings and information from their labeling. This poses a risk to consumers, particularly to pediatric patients of incorrect use, underdose or overdose.

In addition, unapproved Hydrocodene cough suppressants pose a greater risk of medication error than approved products. There are a number of reports of medication errors involving the unapproved version.

One reason is that the formula of unapproved products may be changed without FDA review. Another reason is that the trade names of unapproved Hydrocodene products may be confusingly similar to the names of other products. The product names may look or sound so similar to each other that the wrong drug or wrong dose (unintelligible).

(Unintelligible) effective immediately, but, as I explained in more detail in the federal register notice that we are

publishing, FDA will exercise this enforcement discretion for a brief period before taking any further action against the specific firm or individual.

Any person that is making or shipping products labeled for use in children under the age of six, must stop doing so within 30 days of the date the notice is published in the federal registered.

Any person marketing any unapproved Hydrocodene drug products that are not labeled for use in children under six, must stop manufacturing new products within 90 days and must cease any new or further shipment within 180 days.

There are currently seven FDA approved cough suppressants that contain Hydrocodene. There are approximately 200 Hydrocodene containing anti-(unintelligible) that are marketed without FDA approval.

There are many Hydrocodene containing analgesics, all of which appear to be FDA approved.

This action does not affect the availability of any approved products.

Consistent with the risk-based approach, the agency outlined in the CPG issued last June, FDA gives highest priority to removal of unapproved drugs that have safety concerns, lack evidence of effectiveness or are a health fraud.

The CPG also prioritizes the enforcement actions against unapproved drugs that directly compete with approved drugs. (Unintelligible) product that other companies are marketing without approval or drugs are marketed in violation of a final over-the-counter (unintelligible).

Taken together, these priorities contribute to the public health by ensuring that safe and effect drugs are available to the American people, (unintelligible) chances for firms to meet the new drug approval requirements and eliminating the competitive disadvantages for firms that comply with the law.

The industry has been and is well aware that its drugs were and are being marketed illegally and the industry continues to attempt to circumvent the law and put consumers' health at a risk.

Nonetheless, the CPG provided the industry with specific notice that any illegally marketed unapproved drug is subject to FDA enforcement at any time.

The FDA is deeply committed to ensuring that the drugs physicians prescribe and patients take are safe, effective, properly manufactured and appropriately labeled.

A patient or prescriber may believe that a drug is safe and effective because of individual experience, but FDA has found

that such subjective experience can be misleading and insufficient to establish safety and effectiveness.

In many cases, FDA finds that the original hypothesis that a drug is safe and effective is not correct. Carefully designed clinical trials have repeatedly demonstrated that the safety and effectiveness of drugs cannot be adequately established from anecdotal evidence or consumer or prescriber preferences.

For example, only 12% of the thousands of drugs that FDA reviewed for ethnicity in its (unintelligible) review were found to be effective for all indications, despite widespread use of those drugs by physicians and patients.

The agency remains concerned the drugs marketed without FDA approval have not been submitted to scientific evaluation through the drug approval process and, therefore, may not meet (unintelligible) standards for safety, effective, manufacturing quality and labeling.

We welcome the efforts of the media in helping us inform consumers and healthcare professional of this action and the safety and ethicacy concerns related to unapproved drugs. We look forward to your questions.

Deborah M. Autor: All right, (Kelly), at this time we will open the floor to questions. I'd just like to reiterate that we will only be taking questions from credentialed media only. (Unintelligible) your

turn. Members of the media we would ask that you please identify yourself by name and news organization. Thank you (Kelly).

Coordinator: Thank you. If you would like to ask a question, please press star 1. One moment please for the first question.

Your first question is from (Robert Bazel) of NBC News.

(Robert Bazel): Hi. Thank you for taking the question. You mentioned that there are seven approved (unintelligible) on the market that contain Hydrocodene. What – when you're talking about enforcement here, what percentage of the cough medicines that contain Hydrocodene in the United States are subject – are being marketed in unapproved ways?

Deborah M. Autor: I'm sorry. The question was what percentage of what?

(Robert Bazel): There are seven approved cough suppressants on the market, you mentioned that, that contain Hydrocodene. Correct?

Deborah M. Autor: Yes.

(Robert Bazel): And there's no problem with those right?

Deborah M. Autor: Right.

(Robert Bazel): So what percentage of the cough medicines that are sold in the United States are being sold in an unapproved way that would be subject to this regulation?

Deborah M. Autor: Okay. We're going to have to confer for one second (Robert) and we will get right back to you. Do you have another question?

(Robert Bazel): Well, I would just – this is a very important question for consumers because people go to their doctors all the time, get a prescription for Codeine containing cough syrup and there seems to be some invocation here that perhaps all of them are wrong, but there are these approved products that are – have labels that are listed in the PDR.

Deborah M. Autor: Well, let me first start by clarifying that we're not talking about Codeine. We're talking about Hydrocodene.

(Robert Bazel): Hydrocodene excuse me. But there are seven Hydrocodene products…

Deborah M. Autor: Right and what I'm…

(Robert Bazel): (Hycustus) for instance or (unintelligible) Hydrocodene.

Deborah M. Autor: Yes. Most of the Hydrocodene containing (unintelligible) products on the market are unapproved. And today's action should change that.

(Robert Bazel): Can you give us some names of some names of some unapproved – you mean most of the time when somebody gets a prescription for a cough medicine from their doctor if it contains Hydrocodene, it's an unapproved product?

Deborah M. Autor: Yes, sir, that is exactly what I'm saying. And Ms. Chappelle will have some examples of unapproved Hydrocodene containing drugs that she can supply after the call.

(Robert Bazel): So can you give a percentage? I mean, doctors are writing prescriptions for drugs that are unapproved because they're being marketed in unapproved ways?

Deborah M. Autor: These are – it's not a question of how they're being marketed. These are drugs that do not have any FDA approval. And, yes, they are widely prescribed by physicians and we believe today's action is an important step because it should remove all of these unapproved Hydrocodene containing drug products from the market.

(Robert Bazel): Can you give us a percentage of…

Deborah M. Autor: Well, I can tell you that based on our drug registration and listing data, there are approximately 200 unapproved products and 7 approved products, so that'll give you a rough idea.

(Robert Bazel): Well how did you get into a situation where – I'm sorry I'm going on but, how did you get into a situation where there are so many unapproved products and only seven approved products and how are doctors and patients to sort this out?

Deborah M. Autor: I'm (Robert). I apologize. We were only initially just taking one question. I've aloud you several follow up. If you would like, we can address that when the media telecom is over so we can get to some of the other media please.

Operator): (Kathryn Larkins) of (Broomburg News) you may ask your question.

(Kathryn Larkins): Hey. Thanks so much for taking our calls today.

A few questions. First of which is how do you plan on getting this message out to doctors who clearly haven't been in step with the FDA on this issue? And the second was just can you provide us with the names of the seven approved products?

Deborah M. Autor: Sure. In terms of getting the word out to doctors, we do quite a lot of outreach and in fact we are sending information about today's action to a couple of dozen medical and nurse and pharmacist groups so that they can get an understanding of the action.

There will be posted on our webpage, if it's not up there already, shortly, a list of the seven approved products so that's available not only for your information but for the

information of doctors and consumers so that they can know which Hydrocodene containing drug products on the market are approved.

And we do work closely with the medical groups and the pharmacist groups to try to get the word out to try to create an understanding among them of the initiative.

(Kathryn Larkins): Thank you.

Coordinator: (Gardner Harris) of New York Times you may ask your question.

(Gardner Harris): Can you just give us a little (unintelligible) of the history here? Were all of these 200 unapproved products, were they on the market in 50s and 60s and were they just sort of grandfathered in? How did we get to this situation? Also are these all prescription products or are some of them over-the-counter? And then, I guess, that's it.

Deborah M. Autor: Sure. Well let me start by saying yes these are all prescription products that we're dealing with.

Secondly, with respect to in general the unapproved drugs universe, there are a number of unapproved drugs on the market for a variety of historical reasons.

There have been successive changes (unintelligible) and as a consequence of those, there are a number of products that

never really caught up and got FDA approval and there are also other drugs that were put on the market without FDA approval because companies felt they could get away with it.

And, as you can see in our press release and also if you go to our unapproved drugs webpage, the agency announced in June 2006 a renewed emphasis on this and we are committed at this point to finally tackling the problem of market unapproved drugs.

Now Hydrocodene is just, obviously, one of a number of unapproved drugs on the market. Hydrocodene has been on the market since probably 40s and it underwent what's called (Dessy) review.

In 1962, Congress changed the law to require that drugs be proven effective, as well as safe, to have FDA approval. And the (Dessy) review was the retrospective evaluation of the effective of the drugs that have been approved for safety between 1938 and 1962.

A Hydrocodene drug product that was reviewed under (Dessy) was found to be effective, but at that point, when (that finding) was made in 1982, companies were required to come in and get an approval for their products. Some companies did that and other companies chose not to comply with that legal requirement.

And we are taking this action today to finally assure that all the Hydrocodene containing products on the market are in full compliance with FDA's approval requirements and we're committed to doing this. The step (unintelligible) but aggressive way to final end the existence of unapproved marketed drugs.

All right do you have a follow-up question?

(Gardner Harris): Is there – is Hydrocodene sort of hidden in some other word or is it always sort of listed as containing Hydrocodene? In other words, is there some other brand name or some other name for the stuff that contains Hydrocodene? Or is it just plainly listed as Hydrocodene containing?

Jason Woo: Sure this is Dr. Woo. The approved products have a trade name, but on all these products, they are required to include the specific ingredient name. So for on all the approved Hydrocodene products, they'll either have Hydrocodene (unintelligible) and the other ingredient would be (unintelligible).

And then, there are two other products that are Hydrocodene (unintelligible) with (unintelligible).

So those would be the ingredients that consumers or providers should look for in the particular ingredients listed under the trade name for the product to determine if their drug is an approved version or not.

(Gardner Harris): Okay. Finally, just if you could put Ms. Autor's comments that she read in the beginning, like email to us or something, it was mighty fast, but very interested.

Deborah M. Autor: Actually, the whole telecom will be available one hour after. You can listen to the replay, dial back in and listen to replay.

(Gardner Harris): Okay, thanks.

Deborah M. Autor: Okay, next caller please.

Coordinator: (Lynn Peterson) of (Trans and Medicine).

(Lynn Peterson): Hi. I'm just startled by how we got into this situation. I mean, isn't Hydrocodene a narcotic? Isn't this is a controlled substance? How is it is possible that we have this many drugs being prescribed that the FDA isn't controlling? I mean, that (Bob Bazel)'s question. I'm just coming back and repeating it.

Deborah M. Autor: Sure. Well, Hydrocodene is in fact a controlled substance to answer that question. It is a Schedule 2 drug regulated by the DEA when it's used in (unintelligible) – I'm sorry Schedule 3. Schedule 2 when it's a narcotic.

And the answer to the question of how this can happen is, as I said, there are a number of historical reasons why these products have come on the market without FDA approval and

as part of FDA's renewed emphasis on drug safety, the agency is now taking a very concentrated effort to tackle this problem.

We have taken a number of enforcement actions since our Compliance Policy Guide came out in June 2006. We have taken – this is the sixth class action that we have taken since June 2006 against unapproved drugs and most of those have been by federal register notice.

One was a group of warning letters. We have taken action against four separate companies making these products and we have, at this point, taken close to 500 unapproved drugs off the market impacting well over 100 different companies.

So, at this point, we are working very diligently to remove these products from the market.

We are also using multi (unintelligible) approach. It's not just enforcement. We are working hard to educate the companies that make these products so that they can hopefully find a way to operate lawfully.

We held a full-day workshop in January of this year, which had close to 500 participants, where we spent the day talking about the drug approval process and how it is that a company can get FDA approval for their products.

We have appointed a coordinator in our Office of New Drugs (unintelligible) Drug Approval Unit, who helps companies with getting FDA approval for previously marketed unapproved drugs. She helps them find out how to contact the agency and who to work with in the agency.

And we are confident that these efforts are working. The coordinator has had over 70 calls from people wanting to know more about how they can get approval for previously marketed unapproved drugs. There's been a number of clinical trials started with respect to these drugs and also some drug approval applications.

So we are working very hard to get this problem solved at this point.

(Gardner Harris): But…

Deborah M. Autor: Do you have a follow-up question?

(Gardner Harris): I do, I do. If I'm a patient and I go to the doctor and I get a prescription for anything, how much chance is there that this is not a FDA approved? What other categories might I need to be as a consumer concerned with? Do I have to ask the pharmacist each time is this a FDA approved drug?

Deborah M. Autor: Well, we estimate that roughly as many as 2% of the prescriptions written for the (unintelligible) country are for unapproved drugs. One way that consumers can help

themselves and media can help themselves is to look on the FDA webpage and there's something call drugs at FDA.

You can put the name of your drug in there and see whether it comes up as an FDA approved drug. If it doesn't, then at that point, I would recommend talking to your doctor or your pharmacist or the drug's manufacturer to try to find out further whether the drug is FDA approved.

There are some examples on our webpage of some of the unapproved drugs that are out there. And that should be helpful too. But it's a function of doing some research and talking to your doctor or your pharmacist and the drug company.

Deborah M. Autor: Thank you very much for your question. We'll take the next caller please.

Coordinator: (Cheryl Thompson) of AJHP.

(Cheryl Thompson): Thank you. So that pharmacist can determine whether they have any of these unapproved Hydrocodene containing products in inventory, where do you have the complete list of the unapproved products?

Deborah M. Autor: We will be posting a complete list of the approved drugs. If they're not on that list, then they are unapproved.

(Cheryl Thompson): Okay it's essentially a process of elimination?

Deborah M. Autor: Correct.

(Cheryl Thompson): Thank you.

Deborah M. Autor: Do you have a follow-up question?

(Cheryl Thompson): No that was it.

Coordinator: (Karen Sikes) of NBC News.

(Karen Sikes): Hi, yes, if you could just answer. Are there – are you aware of any overdoses or adverse effects due to the lack of FDA approval in any of these drugs?

Jason Woo: Yes, we've had a number of reports sent to our adverse event reporting system including cases where (unintelligible) that associated with overdosing.

Deborah M. Autor: Do you have a follow-up question?

(Karen Sikes): And as far – I know someone had eluted to before, if there are any other examples of drugs that are still on the market that aren't approved, again, can you just reiterate how consumers are supposed to know and are you aware of other adverse effects associated with those drugs?

Deborah M. Autor: Again, I would suggest if you look on our unapproved drugs webpage, which is linked at the bottom of

the press release, you'll find Q&As on there on the unapproved drugs initiative and it talks about looking at drugs at FDA as a source of determining whether drugs are FDA approved.

All right, thank you very much.

(Karen Sikes): And are there any adverse events with those drugs?

Deborah M. Autor: Actually, we've given you a follow-up question.

(Karen Sikes): Okay.

Deborah M. Autor: If we have time, when the cue comes back around, you can ask another question. There're just other callers. Thank you very much for your question.

Next caller please.

Coordinator: (Peggy Peck) of MedPage Today.

(Peggy Peck): Yes, hi, thanks for taking our questions. My question is what you're stating today you're not actually addressing whether or not any of these drugs which are not approved are in fact effective right, because they've never been tested for ethicacy? Is that correct?

Jason Woo: That's correct. They've never come in through the process for the FDA to review them and with that we have a lot of

concerns. Not only with just the manufacturing and the (unintelligible) product, but then because they don't maintain compliance with the rest of the regulations, including labeling, changes, or changes in the ingredients or compositions, and notifying the FDA.

That that creates additional confusion in the marketplace.

(Peggy Peck): So my follow-up question then is any of these drugs, any of these 200, can they now come to the FDA and apply for approval and enter that process?

Deborah M. Autor: Absolutely. Absolutely and as Dr. Woo pointed out, I mean, our concerns obviously are about the unapproved products because they have not come in individually to show us how they're made, how they're labeled, what ingredients they have to prove that they're safe, effective, adequately manufactured and appropriately labeled.

And as Dr. Woo eluded, I think the mix-ups are of particular concern with these products. That these products might be confused with one another leading to dosing problems.

For example, in our NDC directory, which is a list of marketed products, there are drugs named Histex, H-I-S-T-E-X, and drugs named Histinex, H-I-S-T-I-N-E-X. And there're also drugs named Hiftuss, H-I-F-T-U-S-S, HC, Histissin D, and Histussin HC, and all these are different products.

So, as you might imagine, we're very concerned about the propensity for there to be mix-ups in the market and when a drug is FDA approved, there's a very serious look at the trade name.

And before a drug has a trade name, it's FDA approved, we do an analysis to make sure that we have done everything to prevent the likelihood of mix-ups to prevent names that sound alike or look like or might be written alike.

And when a drug evades the FDA approval process, that entire process is not brought to bear and there's a very high likelihood with these products, we think, that there could be mix-ups.

And then for that matter, there are a couple of different products named Histussin that have different ingredients. So a physician could be writing a prescription for what they think is a Histussin product containing one set of ingredients and, in fact, they're going to get a Histussin product containing another set of ingredients.

And then when you couple that with the fact that these products are marketed for use in children as young as two years of age, when there's no evidence that they are safe in children under – as young as two years of ago.

And the doctor may in fact be prescribing something that they don't know what they're prescribing. There's obviously a real safety concern there.

All right thank you very much for your question. We'll take the next caller please.

Coordinator: (Ann Dixon) of (Writers).

(Ann Dixon): Hi there. Thanks. Is it (unintelligible) it's these versions of Hydrocodene are not approved, because the drug itself is approved so it's not that it's an unapproved drug, it's just an unapproved version, which is somehow tainted?

That's number one and number two, that the process you described…

Deborah M. Autor: Let's answer number one first.

(Ann Dixon): Okay, sure.

Deborah M. Autor: Okay? Okay. There are many Hydrocodene containing drug products that are FDA approved. There are a number of analgesics on the market and we believe those are all FDA approved.

And then there are seven approved Hydrocodene containing antitussives, cough suppressants - - that's the same term,

antitussives and cough suppressants - - and there are approximately 200 unapproved ones. Very roughly, 200.

And the point is that each product made by each manufacturer has to come in and have the FDA approval, which involves an specific examination of the product, its formulation, its manufacturing process and its labeling.

So while there are some approved Hydrocodene containing products, each of the other remaining 200 or so must each come in and get specific FDA approval or get off the market.

(Ann Dixon): And this process…

Deborah M. Autor: (Unintelligible) your follow-up now.

(Ann Dixon): Okay, great. This process you described in 1962 when the law changed, so it sounds like companies had to come in and prove effectiveness, but hadn't they already had to prove safety to be on the market in the first place?

Deborah M. Autor: Yes, these were drugs that have been – no, you have to remember, that the (Dessy) approval was an evaluation of, in this case, one product that had been approved between 1938 and 1962 for safety. So what (Dessy) did was look at that drug and decide that it was also effective.

At that point, what happens is that the one drug that was approved then has to get a supplement to its application so

that it is therefore approved for safety and effectiveness and all of the other drugs that are out there without FDA approval, have to get individual approvals for safety and effectiveness or come off the market.

(Ann Dixon): Okay.

Jason Woo: This is Dr. Woo. And also remember that these products, the Hydrocodene is often just one ingredient included in the product. Often they're missed with other ingredients that can have a synergistic effect with the Hydrocodene which can affect their safety and ethicacy which have not been evaluated by the agency.

(Ann Dixon): Okay.

Deborah M. Autor: Thank you very much for your question. We'll take the next caller please.

Coordinator: (Robert Langreth) of Forbes.

(Robert Langreth): How do you decide which unapproved drugs to go after in which order and do you sometimes do it because the approved one is asked you to get others off the market?

Deborah M. Autor: (Unintelligible) policy guide as you probably know, sets forth our risk-based priorities for enforcement action. Those are drugs that are unsafe, drugs that lack evidence of effectiveness, drugs that health frauds, and also drugs that

compete with an approved drug. Those are four out of the six priorities.

We have a very extensive process for deciding which drugs are appropriate targets for the next enforcement action and we work together with the agency's scientists and doctors to evaluate the relative safety, ethicacy, health fraud issues associated with each of these products.

This product became a target for enforcement action because our doctors told us that they were very concerned about it. It didn't have anything to do with any other companies out there coming in to ask us to take action, but it is also a priority, as I said, for us to take action when there are approved versions of the drugs on the market and other companies are marketing without FDA approval.

And that is another thing that makes this action important. Because those unapproved drugs compete unfairly with the approved drugs who have spent the time and the effort to get FDA approval so that they can be safe and effective and remain on the marketplace.

All right. Do you have a follow-up question?

(Robert Langreth): So that was the case with the (unintelligible) which was one of the previous ones that (unintelligible) was not a – my understand is and correct me if I'm wrong, there was not a particular known safety report that came in on that, but it

was a case there was one approved product, but the other one just hadn't bothered.

Deborah M. Autor: We did have concerns with (unintelligible) because they were extended release products about whether they would release their dose properly. There's a real risk with extended release products, if they're not properly manufactured.

They will either withhold their dose. In which case, they won't function effectively, or they will (unintelligible) which is a safety concern, meaning they will give the dose too quickly.

Or they will just product an inconsistent dose over time, which won't adequately treat the condition.

All right. Thank you so much for that question. We'll take the next caller please.

Coordinator: (Jeff Evans) of Pediatric News.

(Jeff Evans): Hi. I was wondering if you can tell me how many reports there actually were of these medication errors that were associated with like the formulation changes or something like that and the unapproved products and were they like reported to the MedWatch program or some other way? And is that a normal why that you're identifying some these unapproved products that, you know, contain these drugs?

Jason Woo: Yeah, this is Dr. Woo. You have to remember our MedWatch reporting system is a voluntary reporting system or patients and providers (unintelligible). There are requirements for manufacturers to regularly submit adverse event reports that they receive for the approved products.

The problem with unapproved products is we don't necessarily know who's manufacturing and it takes effort to track them down. And unless we know that they're doing it, we have to do a lot of work in finding the concerns that can be associated with their products.

I think the most recent information we had over 400 spontaneous reports of serious adverse events associated with all Hydrocodene products. Again, because of those problems in the voluntary reporting system, it's difficult to break those down into what might be associate with the unapproved versions of the products.

Deborah M. Autor: All right. Do you have a follow-up question sir?

(Robert Langreth): No thanks.

Deborah M. Autor: All right. Thank you very much for your call. We'll take the next caller please.

Coordinator: (Jennifer Smith) of FDA Week.

(Jennifer Smith): Hi, I'm just inquiring when it comes to the direction of enforcement. It seems as if looking at the labeling of all the naming has been something that (unintelligible) new direction when it comes looking at unapproved products. So I'm wondering if this is possibly the next step for FDA.

Deborah M. Autor: I'm sorry. Your question is…

(Jennifer Smith): When it comes…

Deborah M. Autor: Enforcement…

(Jennifer Smith): Priorities. Right. In the sense of someone had mentioned before where FDA has looked at any adverse event reports as a cause for enforcement or when it comes to (unintelligible) or some other products where it seems like a maker of an approved products is asking FDA to take a look at the unapproved versions on the market.

But you do mention in the press release you were looking at the labeling issue, as well as name confusion. So I'm wondering if this is something that FDA may be placing greater priority on.

And then my second question is just to want to make sure that this is not a (Dessy) issue.

Deborah M. Autor: The answer to your first question is that our priorities for enforcement are the ones set out in the

unapproved drugs Compliance Policy Guide and for each product we have to look at the specific facts associated with that product in comparison to our risk based enforcement priorities.

Obviously, labeling is one component of safety. If the label lacks necessary warnings or contains directions for use in an inappropriate population or could lead to mix-ups because of name problems then that is also a safety issue, but it's one of any number of safety issue that we may consider.

(Jennifer Smith): Okay.

Jason Woo: The issue in particularly with this case or for the labeling for a number of these products down to children under the age of two, where the approved version specifically states that there is no evidence to support the (unintelligible) of these products in children under the age of six. So that's the population that is clearly at risk by the presence of these products on the market.

(Jennifer Smith): What about the (Dessy) question I asked? I just want to make sure that this is a (Dessy) issue or not.

Deborah M. Autor: Yeah, I'll get there. I just want to add one thing…

(Jennifer Smith): Sure no problem.

Deborah M. Autor: To what Dr. Woo said and he can correct me if I get my medical information wrong. But I think it's important to remember that kids aren't just little adults. And there really are issues that need to be considered carefully when drugs are administered to very young children.

And for that reason when we see drugs that are labeled for a pediatric population where they haven't been proven safe, that's a particular concern.

(Jennifer Smith): Okay, thank you.

Deborah M. Autor: With respect to the (Dessy) question, this is a (Dessy) final drug.

(Jennifer Smith): Okay. So I'm sorry the – talking about the approved Hydrocodene?

Deborah M. Autor: Hydrocodene containing drugs, antitussives are a (Dessy) final drug.

(Jennifer Smith): Okay.

Deborah M. Autor: Meaning there was a (Dessy) proceeding.

(Jennifer Smith): Okay.

Deborah M. Autor: There was a finding that these drugs were effective and after that, any Hydrocodene containing antitussive on the market was required to come in and get FDA approval.

(Jennifer Smith): Okay, great.

Deborah M. Autor: And these products did not. These companies chose the shortcut of remaining on the market without FDA approval.

(Jennifer Smith): Okay. Thank you.

Deborah M. Autor: Thank you so much for that call. We'll take the next caller.

Coordinator: (Cheryl Thompson) of AJHP.

(Cheryl Thompson): Hi. Do you actually know all of the unapproved Hydrocodene products?

Deborah M. Autor: We have good data, but not perfect data.

(Cheryl Thompson): And I'm still waiting to see on your website the list of the seven approved products. I found in your federal register notice you specifically mention Hycodan and Tussionex as approved Hydrocodene antitussives.

Can you provide the others?

Deborah M. Autor: Sure. Let me give you some of the names of the approved products. There's Tussicaps, T-U-S-S-I-C-A-P-S, from Tyco Healthcare. Tussionex, T-U-S-S-I-O-N-E-X, Pennkinetic. That's the name of the product. Tussionex P-E-N-N-K-I-N-E-T-I-C, from UBC, Inc.

Hydrocodene Compound from Actavis, A-C-T-A-V-I-S, Mid Atlantic, Actavis Mid Atlantic. Mycodone, M-Y-C-O-D-O-N-E, from Morton Grove.

The next drug is a combination of Homatroprine Methylbromide and Hydrocodene Bitartrate. Homatroprine, that's H-O-M-A-T-R-O-P-R-I-N-E. Methylbromide, M-E-T-H-Y-L-B-R-O-M-I-D-E and Hydrocodene Bitartrate. And that combination is made by Actavis Totowa. Actavis is A-C-T-A-V-I-S. Totowa, T-O-T-O-W-A.

Hycodan, H-Y-C-O-D-A-N, made by Endo Pharms, E-N-D-O and the next word is P-H-A-R-M-S. And then there is Tussigon, T-U-S-S-I-G-O-N, made by a company name King.

(Cheryl Thompson): All right. Thank you.

Deborah M. Autor: And that will be available on our website shortly.

(Cheryl Thompson): Thank you very much.

Deborah M. Autor: Thank you. Now we have time for one more caller.

Coordinator: (Gardner Harrison) of New York Times.

Deborah M. Autor: Thank you.

(Gardner Harrison): Hi. One more question. What about supply issues given that 200 of these products are going to be coming off the market and there's only seven approved ones, have you all talked to the seven approved ones about ramping up their supplies. Are you all worried that there might be a supply shortage of these drugs now?

Deborah M. Autor: We're really not concerned. There are a number of other antitussive products available on the market, both prescription and over-the-counter.

There are seven companies, which are making the approved ones and there is a grace period built in here for all the products, which gives some time for companies to ramp up and for consumers, pharmacists and physicians to adjust to this.

So that is obviously something we look at very seriously before we take one of these actions. In this situation, we're confident that there won't be undue disruption to the marketplace for consumers.

(Gardner Harrison): One follow up. Can you give us any hints about sort of what the next class of medications might be that you're going to go after?

Deborah M. Autor: I can't do that. I'm sorry.

(Gardner Harrison): Okay thanks.

Rita Chappelle: Good try (Gardner). All right. (Kelly) we thank you very much. We thank all of the people that called in to listen to this announcement.

I would like to make you aware that the replay of this media telecom will be available one hour after it concludes and I, myself, Rita Chappell and (unintelligible) will be available to field any additional questions.

The website will have the additional information that Ms. Autor spoke to and if you have any further questions, please let us know and thank you again for joining us today.

END